

Name: _____ Date: _____

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES**

ARD/IEP SUPPLEMENT: Referral for Special Education Behavioral Consultation

I. Demographics

Student's Name: _____ DOB: _____ ID#: _____

School: _____ Region: _____ Grade: _____

Teacher: _____ Placement/Program: _____

If student not self-contained, please provide schedule: _____

Disability(ies): ☐NCEC ☐AU ☐PDD ☐MR ☐SI ☐AI ☐VI ☐MI ☐LD ☐ED ☐OI ☐OH

Parent's Name: _____ Is there parental consent for consultation? _____ Date: _____

Home Phone #: _____ Work Phone #: _____ Coordinator Observation Date: _____

Requested by: _____ Title: _____ Date: _____

Is there a Consent for Release of Confidential Information in the state folder? _____ Date: _____

Name and phone # of outside agency of professional: _____

Date of last educational testing (FIE): _____ Is the child or family currently receiving therapy? _____

Has psychological testing been requested? _____ Completed? _____ ARDed? _____

Has a counseling assessment been requested? _____ Completed? _____ ARDed? _____

Is the child currently on medication? _____ If yes, what? _____

Related Services: ☐AT ☐Counseling ☐OT ☐PT ☐Speech ☐Other: _____**II. Referral**

What is the specific reason for the referral? _____

Reason for referral: (Check all that apply and give specific examples) _____ # of days suspended (absent): _____

☐ Attention/concentration problems _____☐ Verbal/physical aggression _____☐ Non-compliant or defiant behavior _____☐ Inappropriate peer and/or adult interaction _____☐ Inappropriate emotions/responses or mood swings _____☐ Other difficulties _____**III.**

When, where and with whom are difficulties...

Most likely to occur? _____

Least likely to occur? _____

Name: _____

Date: _____

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FBA/BSP date: _____

If no FBA/BSP, please list all intervention strategies and how effective:

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V. Psychologist Disposition

Background Information/Review of special Education Eligibility Folder:

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Reason for Referral/Problematic Behavior:

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Observations:

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Summary:

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Recommendations:

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